

8300 Greensboro Dr.
Suite 1200
McLean, VA 22102
WWW.FCCLAW.COM

Robert S. Koppel
(703) 584-8669
bkoppel@fcdaw.com
NOT ADMITTED IN VA

LNGS | LUKAS,
NACE,
GUTIERREZ
& SACHS, LLP

October 23, 2013

PUBLIC REFERENCE COPY

VIA HAND DELIVERY

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, D.C. 20554

**Re: FCC Form 481 – Carrier Annual Report for Calendar Year 2013
WC Docket No. 10-90**

Dear Secretary Dortch:

On behalf of Nex-Tech Wireless, LLC (“Nex-Tech Wireless”), SAC 419010 in Kansas, enclosed is a confidential version of Nex-Tech Wireless’ FCC Form 481 Carrier Annual Report submitted pursuant to Section 54.313 of the Commission’s Rules (“Form 481 Report”). The enclosed confidential version of the Form 481 Report has been marked “**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**”

An additional copy of this filing has been provided, which you are requested to date-stamp and return in the envelope provided.

Nex-Tech Wireless is also submitting, via an electronic filing, a redacted public copy of the Form 481 Report. The redacted public copy has been marked “**REDACTED – FOR PUBLIC INSPECTION.**”

Nex-Tech Wireless respectfully requests confidential treatment of certain information provided in its Form 481 Report because this information is competitively sensitive and its disclosure would have a negative competitive impact on Nex-Tech Wireless were it made publicly available. Such information would not ordinarily be made available to the public, and should be afforded confidential treatment under 47 C.F.R. §§ 0.457 and 0.459.

47.C.F.R. § 0.457

Specific information in the Form 481 Report is confidential and proprietary to Nex-Tech Wireless as “trade secrets and commercial or financial information” under 47 C.F.R. § 0.457(d). Disclosure of such information to the public would risk revealing company-sensitive proprietary information in connection with Nex-Tech Wireless’ ongoing business and operations.

Marlene H. Dortch, Secretary
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47 C.F.R. § 0.459

Specific information in the Form 481 Report is also subject to protection under 47 C.F.R. § 0.459, as demonstrated below.

Information for which confidential treatment is sought

Nex-Tech Wireless requests that specific information in the Form 481 Report be treated on a confidential basis under Exemption 4 of the Freedom of Information Act. The information designated as confidential includes information relating to Nex-Tech Wireless' capability to maintain network functionality during emergency situations.

Confidential information marked within the Form 481 Report has been marked "Redacted" or blacked out. Descriptive documents relating to the network functionality in emergency situations also include confidential information and are marked "**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**"

Information relating to Nex-Tech Wireless' capability to maintain network functionality during emergency situations is competitively sensitive information that Nex-Tech Wireless maintains as confidential and is not normally made available to the public. Release of the information would have a substantial negative impact on Nex-Tech Wireless since it would provide competitors with commercially sensitive information.

Commission proceedings in which the information was submitted

The information is being submitted in Nex-Tech Wireless' Form 481 Report, in WC Docket No. 10-90.

Degree to which the information in question is commercial or financial, or contains a trade secret or is privileged

The information in question is competitively sensitive information which is not normally released to the public as such release would have a substantial negative competitive impact on Nex-Tech Wireless.

Degree to which the information concerns a service that is subject to competition and manner in which disclosure of the information could result in substantial harm

The release of this confidential and proprietary information would cause Nex-Tech Wireless competitive harm by allowing its competitors to become aware of sensitive proprietary information regarding the operation of Nex-Tech Wireless business at a level of detail not currently available to the public.

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Measures taken by Nex-Tech Wireless to prevent unauthorized disclosure and availability of the information to the public and extent of any previous disclosures of the information to third parties

Nex-Tech Wireless has treated and continues to treat the non-public information disclosed in this Form 481 Report as confidential and has protected it from public disclosure to parties outside of the company.

Justification of the period during which Nex-Tech Wireless asserts that the material should not be available for public disclosure

Nex-Tech Wireless cannot determine at this time any date on which this information should not be considered confidential.

Other information Nex-Tech Wireless believes may be useful in assessing whether its request for confidentiality should be granted

Under applicable Commission decisions, the information in question should be withheld from public disclosure.

Please contact the undersigned if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,



Todd B. Lantor
Robert S. Koppel

Counsel for:
Nex-Tech Wireless, LLC

Enclosure

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	419010
<015> Study Area Name	NEX-TECH WIRELESS, LLC
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Daron Jamison
<035> Contact Telephone Number: Number of the person identified in data line <030>	785-621-3643
<039> Contact Email Address: Email of the person identified in data line <030>	djamison@ntwls.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<input type="text"/> REDACTED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text"/> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text"/> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text"/>		
<420> Mobile	<input type="text"/> REDACTED		
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	<input type="text"/>		
<450> Mobile	<input type="text"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 419010ks510	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 419010ks610	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <input type="text"/>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419010
<015>	Study Area Name	NEX-TECH WIRELESS, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Daron Jamison
<035>	Contact Telephone Number - Number of person identified in data line <030>	785-621-3643
<039>	Contact Email Address - Email Address of person identified in data line <030>	djamison@ntwls.com
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?	<input checked="" type="radio"/> (yes / no) <input type="radio"/> (yes / no)
<112>	<p>If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing \$ 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.</p> <p>Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.</p>	
<113>	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	
<114>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<115>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<116>	How (USF) was used to improve service quality	<input type="checkbox"/>
<117>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<118>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<119>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

<010>	Study Area Code	419010
<015>	Study Area Name	NEX-TECH WIRELESS, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Daron Jamison
<035>	Contact Telephone Number - Number of person identified in data line <030>	785-621-3643
<039>	Contact Email Address - Email Address of person identified in data line <030>	djamison@twis.com

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

1/1/2013	
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	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

[illegible]

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

	Select (Yes,No, NA)
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<924> Compliance with Rights of way processes	
<925> Compliance with Land Use permitting requirements	
<926> Compliance with Facilities Siting rules	
<927> Compliance with Environmental Review processes	
<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	419010
<015>	Study Area Name	NEX-TECH WIRELESS, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Daron Jamison
<035>	Contact Telephone Number - Number of person identified in data line <030>	785-621-3643
<039>	Contact Email Address - Email Address of person identified in data line <030>	djamison@twls.com

☐

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	419010
<015>	Study Area Name	NEX-TECH WIRELESS, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Baron Jamison
<035>	Contact Telephone Number - Number of person identified in data line <030>	785-621-3643
<039>	Contact Email Address - Email Address of person identified in data line <030>	djamison@ntwis.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of attached document (.pdf)
<1220>	Link to Public Website	HTTP http://www.nex-techwireless.com/Document.aspx?id=306

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation	
Data Collection Form	
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	
FCC Form 481	OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013	
<010> Study Area Code	419010
<015> Study Area Name	NEX-TECH WIRELESS, LLC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Daron Jamison
<035> Contact Telephone Number - Number of person identified in data line <030>	785-621-3643
<039> Contact Email Address - Email Address of person identified in data line <030>	djamison@ntwis.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting	
<2010> 2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011> 3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	
<2012> 2013 Frozen Support Certification	<input type="checkbox"/>
<2013> 2014 Frozen Support Certification	<input type="checkbox"/>
<2014> 2015 Frozen Support Certification	<input type="checkbox"/>
<2015> 2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
<2016> Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))	
<2017> 3rd year Broadband Service Certification	<input type="checkbox"/>
<2018> 5th year Broadband Service Certification	<input type="checkbox"/>
<2019> Interim Progress Certification	<input type="checkbox"/>
<2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021> Interim Progress Community Anchor Institutions	<input type="checkbox"/>
Name of Attached Document Listing Required Information	

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(3000) Rate Of Return Carrier Additional Documentation Data Collection Form			
	419010		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	NEX-TECH WIRELESS, LLC		
<015> Study Area Name	2014		
<020> Program Year	Daron Jamison		
<030> Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030> 785-621-3643		
<035> Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030> djamison@ntwls.com		
<039> Contact Email Address - Email Address of person identified in data line <030>			

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan	Name of Attached Document Listing Required Information				
(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		<input type="checkbox"/>			
(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))? If yes, does your company file the RUS annual report? Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3012) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		<input type="checkbox"/>			
(3013) If the response is no on line 3014, is your company audited?		<input type="checkbox"/>			
(3014) If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3015) Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>			
(3016) If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3017) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>			
(3018) Underlying information subjected to an officer certification.		<input type="checkbox"/>			
(3019) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>			
(3020) Attach the worksheet listing required information		<input type="checkbox"/>			

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	419010
<015> Study Area Name	NEX-TECH WIRELESS, LLC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Daron Jamison
<035> Contact Telephone Number - Number of person identified in data line <030>	785-621-3643
<039> Contact Email Address - Email Address of person identified in data line <030>	djamison@ntwls.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	NEX-TECH WIRELESS, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/11/2013
Printed name of Authorized Officer:	Jon Lightle
Title or position of Authorized Officer:	CEO
Telephone number of Authorized Officer:	785-621-3600
Study Area Code of Reporting Carrier:	419010 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	419010
<015> Study Area Name	NEX-TECH WIRELESS, LLC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Daron Jamison
<035> Contact Telephone Number - Number of person identified in data line <030>	785-621-3643
<039> Contact Email Address - Email Address of person identified in data line <030>	djamison@ntwls.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Attachments

**(800) Operating Companies
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	419010
<015>	Study Area Name	NEX-TECH WIRELESS, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Daron Jamison
<035>	Contact Telephone Number - Number of person identified in data line <030>	785-621-3643
<039>	Contact Email Address - Email Address of person identified in data line <030>	djamison@ntwls.com
<810>	Reporting Carrier	Nex-Tech Wireless, LLC
<811>	Holding Company	
<812>	Operating Company	Nex-Tech Wireless, LLC

[illegible]

Nex-Tech Wireless, LLC

**Line 510 – Compliance with Service Quality Standards and
Consumer Protection**

Nex-Tech Wireless, LLC (“Nex-Tech Wireless”) has reviewed the service quality and consumer protection practices which it follows in connection with its provision of voice services. Nex-Tech Wireless hereby certifies that it is in compliance with the CTIA–The Wireless Association[®] (“CTIA”) Consumer Code for Wireless Service (“CTIA Code” or “Code”) as currently in effect.

REDACTED - FOR PUBLIC INSPECTION

Nex-Tech Wireless, LLC

Line 610 – Functionality in Emergency Situations

REDACTED - FOR PUBLIC INSPECTION